

# New Jersey Comprehensive Tobacco Control Program 2001 Annual Report



**Real People**



**Real Savings**



**Real Results**



**James E. McGreevey**  
Governor



Comprehensive  
Tobacco Control  
Program



**Clifton R. Lacy, M.D.**  
Commissioner

# New Jersey Comprehensive Tobacco Control Program Goals

- 1. Decrease the acceptance of tobacco among all people
- 2. Decrease the number of youths under 18 and young adults 18 to 24 who start smoking
- 3. Increase the number of people who start treatment for nicotine addiction
- 4. Decrease the exposure to environmental tobacco smoke
- 5. Reduce disparities in tobacco use and effects among different population groups

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## Executive Summary

The Master Settlement Agreement (MSA), the landmark legal settlement between the 46 states and the tobacco industry, was implemented to compensate the states for the health costs attributed to tobacco use. The State of New Jersey entered into the MSA in 1998 with the understanding that it would create a substantial flow of funds for preventive and therapeutic tobacco control programs to help stop young people from smoking and help current smokers to quit. New Jersey made a commitment to use a portion of the MSA funds for this intended purpose.

In two years, we have made significant advances by attacking the problem of tobacco use from many different directions at once. We have formed partnerships among dozens of organizations, community leaders, and nonprofit groups, which are as committed as we are to working for tobacco control and to changing community and social norms regarding the acceptability of tobacco use.

Tobacco use is the leading cause of preventable death in New Jersey and the nation – responsible each year for 400,000 deaths nationally and 13,000 deaths in New Jersey. These figures represent more than one in every six deaths. There are no simple solutions to alleviating the human toll of tobacco use. It takes a comprehensive program like the one New Jersey has put in place to make a positive difference.

### Early Achievements

Our efforts to decrease youth smoking in New Jersey are paying off. Our most recent *New Jersey Youth Tobacco Survey* (2001) indicates that youth and teen smoking rates are on a dramatic decline:

- From 1999 to 2001, New Jersey reduced cigarette smoking among middle school students by 42 percent and among high school students by 11 percent.

These findings confirm that New Jersey's reductions in teen smoking rates are on track with those states that are acknowledged leaders in tobacco control:

- Massachusetts reduced smoking among high school students by 15 percent since 1995.
- California saw a 43 percent drop in teen smoking between 1995 and 1999.

- In two years, Florida reduced smoking among middle school students by 40 percent and among high school students by 10 percent.
- In three years, Mississippi reduced smoking among middle school students by 21 percent and among high school students by 10 percent.

Another positive indicator is that New Jersey's smoking rates for high school students are lower than the national average (24.5 percent compared to 28 percent). Experience shows us that in states that have strong comprehensive tobacco control programs, teen smoking does decrease.

Moreover, New Jersey teens are also using less of all types of tobacco products – including cigarettes, smokeless tobacco, cigars, and bidis – than they were two years ago.

- From 1999 to 2001, New Jersey saw a 38 percent decrease in the use of any tobacco products among middle school students and a 14 percent decrease among high school students.

However, we want to achieve a smoke-free generation. We must continue these programs to further reduce high school smoking rates, because our aim is to do better than meet the U.S. Public Health Service's *Healthy People 2010* goal of reducing rates to 16 percent by 2010. We have our work cut out for us.

### The Harsh Facts about Tobacco

These achievements do not negate the seriousness of the tobacco addiction problem in New Jersey or the death toll from tobacco-related illnesses. If smoking were considered a cause of death, and all deaths due to smoking were excluded from the standard cause groups used for ranking and were grouped together, then smoking would be the third leading cause of death in the State after heart disease and cancer. Even if we were entirely successful in preventing young people from starting to smoke, we would not produce any significant reductions in deaths caused by smoking for the next 20 years. That is why it is essential to provide treatment for current smokers who must be helped to quit if we are to achieve significant immediate gains in saving lives and reducing illness and disability related to tobacco use.

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REBEL members ride "Not For Sale" float.



Tell Someone You Love Program

# I'll Never Quit Living Smoke-Free

MaryAnne Schwinger-Zahn, 70, began smoking 20 years ago, when her husband received a package of tiny cigars as a Christmas gift. "I loved the smell, so I tried one," she says. "For a whole year, I'd have one after dinner. It was a lovely ritual, but I never thought I'd get hooked." After MaryAnne took a high-pressure job in an elementary school, she began smoking up to a pack-and-a-half a day.

MaryAnne decided she needed to quit when she realized she was "flirting with lung cancer and emphysema." In addition, the habit was getting expensive. So MaryAnne, a Turnersville resident, turned to her son for help. He gave her the number for New Jersey Quitline, and she gave them a call.

"My counselor was marvelous. She listened well, understood my smoking 'triggers,' and spoke specifically to my concerns," she says. MaryAnne really appreciated the personal attention. "It was directed at me, for me. I knew I could call whenever I needed to." In June 2001, MaryAnne inhaled her last cigarette. "New Jersey Quitline made quitting so much easier. I have only high praise for it!"

As an extra incentive to keep from lighting up, MaryAnne told all her co-workers that she quit. "When I first told them, they were skeptical about my resolve. But I'm showing them!"

MaryAnne Zahn



## Executive Summary

Even with our recent successes in reducing teen smoking rates, nearly one in four high school students currently smoke (24.5 percent). Each year, more than 20,000 New Jersey youths become addicted to smoking. If this trend continues, approximately 135,000 of today's youth in New Jersey will die prematurely from tobacco use. This is unacceptable.

More than 1 million adults (18.4 percent) in the State smoke cigarettes, and nearly seven out of 10 of these smokers say they want to quit. More than one quarter of New Jersey smokers (27.9 percent) tried to quit in the past year, yet only 3 percent of smokers are able to succeed without help, because of the powerful addictiveness of nicotine. Most smokers who try to quit report multiple unsuccessful attempts. Behavior change is difficult.

Smokers are not just harming themselves. The Centers for Disease Control and Prevention (CDC) has documented the health dangers of environmental tobacco smoke (ETS), especially for infants and young children. ETS increases their risk of upper respiratory disease, inner ear infections, asthma attacks, and even sudden infant death syndrome (SIDS).

Approximately one out of 10 New Jersey women smoke during pregnancy. Smoking during pregnancy accounts for 20 percent to 30 percent of low birth weight babies, a condition that can cause stillbirths and newborn deaths. Pregnant women who smoke experience a 25 percent to 50 percent higher rate of infant and fetal death than nonsmokers. To protect the health of New Jersey's children, we must help pregnant women and parents of young children to succeed in quitting smoking. This is one of our primary objectives.

### The State of the State: The Economic Toll for New Jersey

The CDC estimates that tobacco use costs New Jersey and its taxpayers \$2.5 billion every year in direct healthcare costs, more than \$2,000 for each smoker. The overall total includes more than \$755 million in Medicaid dollars alone. This amount accounts for approximately 16 percent of the State's Medicaid expenditures, or about \$929 per recipient.

In addition, the CDC estimates that tobacco use costs New Jersey employers more than \$2.2 billion annually in lost productivity through sick days, smoking breaks, and disability, representing nearly \$2,000 per smoker.

Annual healthcare costs related to smoking during pregnancy are \$13.4 million per year in New Jersey, according to the Campaign for Tobacco-Free Kids (2001). The State could realize immediate savings by reducing smoking among pregnant women.

### New Jersey's Comprehensive Tobacco Control Program: Year Two in Profile

An effective tobacco control program must tackle the problems of tobacco use from many different directions at once. It must also change the community and social norms of tobacco acceptability. To change community norms, we promote tobacco-free schools, workplaces, and public spaces; decrease access to tobacco products to minors; and make treatment services more visible and available to the public. To change the social norms of tobacco use acceptance among youth, we are expanding our youth-driven social movement to promote tobacco-free lifestyles; conducting a powerful counter-marketing campaign; and promoting peer-to-peer communication among New Jersey youth in their schools and communities.

Our achievements in reducing the rates of teen smoking and tobacco use address one of the goals established in the *1999 New Jersey Strategic Plan for Comprehensive Tobacco Control*. As demonstrated in this section, each program component has shown results toward achieving our program goals, which are to:

1. Decrease the acceptability of tobacco use among all populations;
2. Decrease the initiation of tobacco use by youths under 18 years of age and young adults 18 to 24;
3. Increase the number of youth and adult tobacco users who initiate treatment;
4. Decrease exposure to environmental tobacco smoke (ETS); and
5. Reduce disparities related to tobacco use and its effects among different population groups.

In two years, we have established an evidence-based comprehensive program following the Centers for Disease Control and Prevention (CDC) Best Practices and successful models established by California and Massachusetts, states with extensive experience in tobacco control. We stand to achieve benefits similar to theirs.

Savings produced by the California Tobacco Control Program in direct medical costs alone are estimated at \$3.02 billion between 1990 and 1998, or \$3.62 for every dollar spent on the program. A 1999 Massachusetts Institute of Technology study found that Massachusetts saves \$2 in healthcare costs for every dollar spent on tobacco prevention.

We launched New Jersey's Comprehensive Tobacco Control Program (CTCP) in 2000. In 2001, we focused on strengthening and expanding each component of the CTCP. The results of the second year are based on the groundwork and solid program development established in Year One. The following program descriptions highlight the CTCP's growth and achievements.

### Youth and School Programs Component

In 2001, the Youth and School Programs Component concentrated on expanding and strengthening REBEL (**R**eaching **E**veryone **B**y **E**xposing

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Lies), the youth-led anti-tobacco movement for New Jersey teens. Initiatives included organizational and leadership development, recruitment, and community service. We established a 42-member Youth Advisory Board (YAB) as REBEL's youth leadership decision-making body to play a key role in the program's evolution from adult to youth leadership and to act as a bridge between the State and the youth.



REBEL takes the smoking cessation message to local communities around the State.

Throughout 2001, we laid the groundwork for a unique continuum of youth programs that now includes REBEL, for high school teens; a middle school program called REBEL 2; and a leadership program for college-aged students called ROCS (REBEL Official College Support Staff). ROCS is a first-in-the-nation program that trains recent high school graduates and college students to model tobacco-free lifestyles and work with REBEL members to develop anti-tobacco initiatives.

We created and expanded a number of recruitment tools, including the REBEL Web site, [www.njrebel.com](http://www.njrebel.com), and two periodicals – an annual magazine called *R.E.B.E.L.* and a quarterly newsletter, *REBEL in Action*, both written and edited by REBEL members. Many teens joined REBEL via the Internet in 2001. Others signed the “Declaration of Independence from Tobacco,” a statement of freedom from tobacco use and the manipulation of tobacco advertising.

The following highlights are indicative of REBEL's recruitment and community service activities in 2001. We are proud of these achievements.

- REBEL increased membership from 340 members in November 2000 to more than 7,000 members by the first quarter of 2002 and gathered 6,000 signatures for its Declaration of Independence from Tobacco.
- REBEL rallied 700 teens to launch the Not For Sale advertising campaign and the Declaration of Independence from Tobacco grassroots recruitment campaign on February 16, 2001, at the Liberty Science Center in Jersey City, New Jersey.
- On August 20, 2001, approximately 700 REBEL teens cleared more than 38,000 cigarette butts from eight New Jersey beaches in their first statewide community service project.
- Approximately one-third of New Jersey students (34 percent in middle school and 32 percent in high school) heard of REBEL.
- More than half (56 percent) of the surveyed students reported seeing or hearing Not For Sale media campaign messages in the 30 days preceding the *2001 New Jersey Youth Tobacco Survey*.

## Tobacco Dependence Treatment Component

Cessation counseling has proved effective in helping people to quit. In fact, a study published in the *American Journal of Preventive Medicine* in July 2001 ranked cessation counseling along with childhood vaccinations as the two most effective forms of preventive medicine. Research shows that quitting smoking at any age provides health benefits to former smokers and increases life expectancy.

*The New England Journal of Medicine* (February 14, 2002) called smoking cessation programs a cost-effective intervention that is

underused by physicians and inadequately covered by many health insurers. According to this study, the challenge for healthcare systems and physicians is implementing effective treatment because smoking is a chronic problem, like hypertension, that requires long-term management.

To address the needs of New Jersey smokers who are ready to quit, we established a menu of three free or low-cost services. New Jersey Quitline, a toll-free telephone-based counseling service (1-866-NJ-STOPS), and New Jersey Quitnet<sup>SM</sup>, an online information,

counseling, and referral resource ([www.nj.quitnet.com](http://www.nj.quitnet.com)), are provided at no cost to the client. New Jersey Quitcenters, face-to-face counseling clinics at 15 locations throughout the State, charge for services on a sliding-fee scale based on income. New Jersey residents can choose the treatment approach that suits their individual needs.

Our challenge is to ensure that New Jerseyans know about these services. To accomplish this, we launched an aggressive advertising and public relations campaign, initiated public information programs through mass mailing campaigns to 19,000 physicians and dentists and to 36 college campuses statewide, and sponsored grassroots educational initiatives through our community partners.

The goal is to reach adult smokers who want to quit and young people before they become addicted to nicotine. We are seeing a growth in the volume of usage for all three Quit services.

- New Jersey offers three distinctly different cessation services to give smokers a personal choice that will increase their chances of success: NJ Quitnet, NJ Quitline, and NJ Quitcenters.
- Over 70 percent of smokers who call NJ Quitline register for counseling.
- Over a quarter (26 percent) of smokers registered with NJ Quitline have quit smoking for six months following counseling, a result well above the average national success rate of 10 percent to 12 percent for structured cessation programs.
- New Jersey Quitnet clients logged nearly 200,000 visitor sessions in the first 14 months of the service and spent an average of 12.5 minutes per visit, well above the general average of 10 minutes per visit on the Internet.

## Community Partnerships Component

We collaborate with community-based organizations and community leaders who are dedicated to the same tobacco control principles, goals, and objectives as we are. Partnerships enable us to link into organizations and institutions that have well-established anti-tobacco programs and utilize their expertise in tobacco control advocacy, tobacco prevention, and smoking cessation. The partners' strength lies in their ability to reach the grassroots of New Jersey's uniquely dense and exceptionally diverse population to effect change in community norms at the local level. Community partnerships are essential because they connect the Comprehensive Tobacco Control Program with the people of New Jersey. The partnerships' unique capability to forge these connections and achieve results ensures that the dollars reach the communities and programs where they have a positive impact.

# Lisa's Best Friends Inspired Her to Quit Smoking

When it comes to smoking, Lisa Feldman, a 41-year-old homemaker, got an early start. By nine years old, she was smoking up to a pack of cigarettes a day. She fondly remembers buying a pack of cigarettes for a quarter. But over the years, the true cost of her habit became clear.

Lisa decided to commit to quitting when she saw a TV ad for New Jersey Quitline. The ad showed a dog and cat reacting negatively to cigarette smoking. Pets are a soft spot for Lisa, a proud owner of six cats, three dogs, two African parrots, a pot-belly pig, and a fresh-water fish.

“I wanted to quit even before I saw the commercial, but I felt that with personal support I had an even better chance of succeeding,” says Lisa, a resident of Mt. Holly. So she called and spoke to a counselor, who mailed her a workbook packet and set up dates to talk again on the phone. “She always assured me that if there was ever a problem I should contact her,” she says.

The counselor also offered Lisa myriad options to quit, like the patch or nasal spray. But she chose to go cold turkey. She gave up cigarettes in October 2001 and hasn't touched another since. “Quitting is great. I can breathe again, I'm not hacking up my lungs, I have more energy, I'm saving money, and my animals are happier!” she beams.

Would Lisa recommend New Jersey Quitline to others? “Absolutely. Talking to the counselors was like talking to my best friend. It's a total and complete program.”



*Lisa Feldman*



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Our partners form a powerful statewide network of tobacco control advocates that includes the American Cancer Society, the American Lung Association, the American Heart Association, NJBreathes, New Jersey GASP, the New Jersey Medical Society, the Southern New Jersey Perinatal Cooperative, the Communities Against Tobacco (CAT) coalitions, local health departments, and many others. By working with these partners, we have made significant strides.

- Proprietors of 977 New Jersey restaurants voluntarily adopted smoke-free policies, nearly doubling the number of smoke-free restaurants in New Jersey to a total of 2,077.
- In just one year, 250 additional businesses across the State enacted smoke-free policies in their workplaces.
- As of February 2002, 264 New Jersey municipalities have enacted 374 smoke-free ordinances to reduce the public's exposure to tobacco smoke.
- Grassroots education initiatives have reached more than 160,000 individuals in 2001.

## Public Awareness and Media Component

Cigarette advertising and promotion are known to influence smoking in young people, but the powerful effect of mass media on behavior can also be used to promote health. Research shows that states with anti-smoking mass media campaigns have been effective in reducing cigarette consumption and helping people quit. However, as promising as these campaigns are as a tool for state-funded anti-tobacco initiatives, they can succeed only if sustained funding can be guaranteed.

We have created an integrated marketing and communications program that is cost-effective and closely coordinated with all components of the Comprehensive Tobacco Control Program. Our first goal is to inform New Jerseyans about the CTCP's prevention and cessation programs. Without a public awareness campaign and an array of informational materials at their disposal, New Jerseyans would not know about these services and programs and how to access them. It is as simple as that.

### Promotional Vehicles

- TV, radio advertising
- Billboards, bus sides
- Educational videos, CD ROM
- Recruitment postcards
- Signing boards
- Newspaper ads
- Print, broadcast news stories
- Public service announcements
- Informational brochures, posters
- Countertop exhibits

In addition to building public awareness of the CTCP through a concerted advertising and public relations campaign, the marketing and communications program has deepened the public's understanding of the health and cost issues associated with tobacco use and how New Jersey's tobacco control efforts benefit everyone. Through a combination of general and multicultural marketing and media activities that reach New Jersey's African-American, Asian, and Hispanic communities, we forge a connection to the State's diverse population. Our advertising runs in four languages: English, Spanish, Chinese, and Korean.

A broad multimedia campaign is critical to generating public awareness. Examples of the interplay between communications efforts and the CTCP's treatment and youth prevention programs help to illustrate the integral role that media plays.

Without a communications campaign, the Quit services could not do their job. For example, 80 percent of all callers to New Jersey Quitline in 2001 indicated that they heard about the service from various advertising and media sources that are part of the smoking cessation campaign.

REBEL has grown enormously in the past 14 months due to our communications efforts. Throughout the year, we promoted the movement and the Not For Sale advertising and media campaign. We used a wide variety of media vehicles to promote both the Quit services and REBEL.

We provided grassroots communications tools to assist in REBEL recruitment in all 21 New Jersey counties. Many teens would not have been exposed to the information about tobacco use or REBEL had they not learned about them through the media campaign.

We achieved a high level of visibility for CTCP programs in a short period of time.

- Exposure to New Jersey's CTCP in the news reached a print circulation of 40,205,932 and a broadcast circulation of 16,291,142 from October 2000 to January 2002.

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- New Jersey's advertising and PR campaigns have received national recognition through awards from within the industry by the New York Festivals, *PR Week*, Silver Anvil, Big Apple, Sabre, and the Women Executives in Public Relations Foundation.
- Following the September 2001 launch of our first television advertisements for smoking cessation, combined with a major radio advertising campaign, visitors to New Jersey Quitnet increased by 69 percent and calls to New Jersey Quitline increased by 100 percent.
- Physician referrals, as a result of outreach to healthcare professionals throughout the year, including a mass mail campaign to 19,000 physicians and dentists, accounted for 12 percent of all callers to New Jersey Quitline and 10 percent of all clients to New Jersey Quitnet.
- In September 2001, we launched a new Not For Sale advertising campaign in support of REBEL: "Definitions," airing on prime-time TV and popular teen radio stations, highlights how the tobacco industry views its youthful target audience.
- In addition, we initiated advertising on Channel One, the in-school cable television channel. These advertisements reach 214,889 New Jersey students up to two times a week throughout the school year.
- During October 2001, following the September launch of both the general media market and in-school cable television advertising campaigns, requests to join REBEL via *njrebel.com* increased by 173 percent over the average of the previous five months, when we began tracking Web site enrollment.

## Evaluation and Research Component

Program evaluation and ongoing surveillance are fundamental to determining how attitudes, behaviors, and norms regarding tobacco use change over time in response to CTCP initiatives and activities. Quantitative and qualitative data are collected from all components of the program and used to monitor the extent to which each one achieves its anticipated outcomes. These data provide immediate ways to judge the success of our youth, treatment, media, and community partnership activities, and allow us to make adjustments in a timely and responsive manner.

The acquisition of baseline data is the necessary starting point. We commissioned a number of baseline studies between 1999 and 2002, with the intent of conducting follow-up surveys for comparative data. The University of Medicine and Dentistry of New Jersey – School of Public Health (UMDNJ-SPH) recently completed analyzing the *2001 New Jersey Youth Tobacco Survey* and is working on the analysis of the *2001 New Jersey Adult Tobacco Survey*. Because rigorous evaluation of data by an independent evaluator is essential, we funded UMDNJ-SPH to provide objective, credible information and analysis that we can use to develop and assess CTCP and measure program effectiveness and outcomes.

The surveillance and evaluation activities to date include the following:

- In April 2001, we published baseline measures that provide the foundation for surveillance activities and evaluation of all CTCP components.

- New Jersey's second *Youth Tobacco Survey* (YTS), conducted in late 2001, provides our first comparative data. Compared to the 1999 New Jersey YTS, cigarette smoking declined among both middle school (42 percent) and high school (11 percent) students in the past two years.
- The second *New Jersey Adult Tobacco Survey* (ATS), conducted in late 2001, assessed the prevalence of tobacco use among adults, the existence of environmental tobacco smoke (ETS) policies, and cessation issues. The data are currently being evaluated.
- *The Workplace Survey* (2001) collected baseline data on smoking restriction policies in New Jersey workplaces, and a final report will be issued in late spring.
- The process evaluation study conducted in 2001 enables us to evaluate, hone, and improve our own performance in implementing and carrying out CTCP activities. All CTCP partners participated in this study of their resources, programs, and reporting mechanisms.

## Tobacco Age of Sale Enforcement Component

Research demonstrates that enforcement of laws prohibiting tobacco sales to minors (under 18) is effective in preventing youth smoking. If we can stop retailers from selling cigarettes to teens, we will stop many young people from starting to smoke.

In 1996, New Jersey enacted the Tobacco Age of Sale Enforcement (TASE) legislation, which mandated that enforcement responsibility be given to DHSS. Before TASE, most vendors routinely sold tobacco products to minors in direct noncompliance with existing, but unenforced, State laws. TASE's goal is to restrict access to tobacco products to minors and to reduce the State noncompliance rate, currently at 22 percent, to levels required by federal law. New Jersey's current rate puts the State well on the way to meeting the federal requirement for a 20 percent noncompliance rate by September 30, 2002. The federal law, known as the Synar Amendment, requires that each state enact laws restricting tobacco sales to minors and put enforcement measures in place to achieve annual noncompliance goals set by the federal government.

Meeting this goal is critical. The federal government feels so strongly about restricting the sale of tobacco products to minors that it is now penalizing states that fail to achieve the goals for compliance. New Jersey stands to lose up to 40 percent of federal funding (\$19 million) from its Substance Abuse Prevention and Treatment (SAPT) annual block grant award. This money is used for essential prevention and treatment programs.

- The percentage of merchants who routinely sell tobacco products to minors has dropped dramatically in the six years since New Jersey passed Tobacco Age of Sale Enforcement (TASE) laws restricting tobacco product sales to minors (from more than 80 percent in 1994 to 22 percent in 2001).
- The *2001 New Jersey Youth Tobacco Survey* indicates that 39 percent of teen smokers purchase cigarettes in stores, the most common way high school students obtain cigarettes.
- In April 2002, we launched a TASE campaign featuring the first display materials created especially for New Jersey's merchant education and enforcement program. The message – Nothing proves you're 18, except your I.D. – was developed to help meet our September 2002 compliance goal.



Not For Sale ad en Español



REBEL teens on the set of "Teen Smoke"



Outdoor ads (top) and TV spots encourage New Jersey teens not to smoke.